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Bib Data Sheet

CONFIRMATION NO. 2235

SERIAL NUMBER 10/719,125	FILING DATE 11/21/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1/1421
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\*\* CONTINUING DATA \*\*\*\*\* *None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02 026 223 11/26/2002

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/23/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>VEW</i> Initials	GERMANY	0	13	4

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## TITLE

Pharmaceutical composition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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